

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	625864	STATUS:	Revision
FACILITY:	Dovetail Energy LLC - Anaerobic Digestion Facility	PERMIT NUMBER:	1IN00305*AD
LOCATION:	1146 Herr Rd Fairborn, OH 45324	STATION CODE:	581
COUNTY:	Greene	MONITORING PERIOD :	<u>2016-10-01</u> To: <u>2016-10-31</u>
DISTRICT:	SWDO	REPORTING LAB:	MAEI Environmental Services
		ANALYST:	N/A
		NO DISCHARGE INDICATOR:	

PARAMETER	Biochemical Oxygen Demand, 5 Day	pH	Oil and Grease, Hexane Extr Method	Ammonia (NH3) In Sludge	Nitrogen Kjeldahl, Total In Sludge	Phosphorus, Total In Sludge	Potassium In Sludge
PARAMETER CODE	00310	00400	00552	00611	00627	00668	00938
UNITS	mg/l	S.U.	mg/l	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
2016-10-05							
2016-10-06							
2016-10-07							
2016-10-08							
2016-10-09							
2016-10-10							
2016-10-11							
2016-10-12							
2016-10-13	11000	7.77	6.82	32000	54700	20800	12500
2016-10-14							
2016-10-15							
2016-10-16							
2016-10-17							
2016-10-18							
2016-10-19							
2016-10-20							
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2016-10-22							
2016-10-23							
2016-10-24							
2016-10-25							
2016-10-26							
2016-10-27							
2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum	11000.0	7.77	6.82	32000.0	54700.0	20800.0	12500.0
Maximum	11000.0	7.77	6.82	32000.0	54700.0	20800.0	12500.0
Average	11000		6.82	32000	54700	20800	12500
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Taylor Faecher						Certification Version Date 2016-11-28 09:11	

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LOCATION:	Digestion Facility	STATION CODE:	581
	1146 Herr Rd	MONITORING PERIOD :	2016-10-01 To: 2016-10-31
	Fairborn, OH 45324	REPORTING LAB:	MASI Environmental Services
COUNTY:	Greene	ANALYST:	N/A
DISTRICT:	SWDO	NO DISCHARGE INDICATOR:	

PARAMETER	Arsenic, Total In Sludge	Cadmium, Total In Sludge	Copper, Total In Sludge	Lead, Total In Sludge	Nickel, Total In Sludge	Zinc, Total In Sludge	Selenium, Total In Sludge
PARAMETER CODE	01003	01028	01043	01052	01068	01093	01148
UNITS	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
2016-10-05							
2016-10-06							
2016-10-07							
2016-10-08							
2016-10-09							
2016-10-10							
2016-10-11							
2016-10-12							
2016-10-13	12	2	458	7	16	700	5
2016-10-14							
2016-10-15							
2016-10-16							
2016-10-17							
2016-10-18							
2016-10-19							
2016-10-20							
2016-10-21							
2016-10-22							
2016-10-23							
2016-10-24							
2016-10-25							
2016-10-26							
2016-10-27							
2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum	12.0	2.0	458.0	7.0	16.0	700.0	5.0
Maximum	12.0	2.0	458.0	7.0	16.0	700.0	5.0
Average	12	2	458	7	16	700	5
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
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	Fairborn, OH 45324	REPORTING LAB:	MASI Environmental Services
COUNTY:	Greene	ANALYST:	N/A
DISTRICT:	SWDO	NO DISCHARGE INDICATOR:	

PARAMETER	Fecal Coliform in Sludge	Sludge Fee Weight	Sludge Weight	Sludge Solids, Percent Total	Mercury, Total In Sludge	Molybdenum In Sludge	
PARAMETER CODE	31641	51129	70316	70318	71921	78465	
UNITS	MPN/G	dry tons	Dry Tons	%	mg/kg	mg/kg	
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Composite	Total	Total	Composite	Composite	Composite	
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
2016-10-05							
2016-10-06							
2016-10-07							
2016-10-08							
2016-10-09							
2016-10-10							
2016-10-11							
2016-10-12							
2016-10-13	6843	0	0	6.16	.11	10	
2016-10-14							
2016-10-15							
2016-10-16							
2016-10-17							
2016-10-18							
2016-10-19							
2016-10-20							
2016-10-21							
2016-10-22							
2016-10-23							
2016-10-24							
2016-10-25							
2016-10-26							
2016-10-27							
2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum	6843.0	0.0	0.0	6.16	0.11	10.0	
Maximum	6843.0	0.0	0.0	6.16	0.11	10.0	
Average	6843	0	0	6.16	0.11	10	
Count	1	1	1	1	1	1	
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LOCATION:	Digestion Facility	STATION CODE:	584
	1146 Herr Rd	MONITORING PERIOD :	<u>2016-10-01</u> To: <u>2016-10-31</u>
	Fairborn, OH 45324	REPORTING LAB:	
COUNTY:	Greene	ANALYST:	
DISTRICT:	SWDO	NO DISCHARGE INDICATOR:	AL

PARAMETER	Biochemical Oxygen Demand, 5 Day	pH	Oil and Grease, Hexane Extr Method	Ammonia (NH3) In Sludge	Nitrogen Kjeldahl, Total In Sludge	Phosphorus, Total In Sludge	Potassium In Sludge
PARAMETER CODE	00310	00400	00552	00611	00627	00668	00938
UNITS	mg/l	S.U.	mg/l	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
2016-10-05							
2016-10-06							
2016-10-07							
2016-10-08							
2016-10-09							
2016-10-10							
2016-10-11							
2016-10-12							
2016-10-13							
2016-10-14							
2016-10-15							
2016-10-16							
2016-10-17							
2016-10-18							
2016-10-19							
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2016-10-21							
2016-10-22							
2016-10-23							
2016-10-24							
2016-10-25							
2016-10-26							
2016-10-27							
2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum							
Maximum							
Average							
Count							
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	Fairborn, OH 45324	REPORTING LAB:	
COUNTY:	Greene	ANALYST:	
DISTRICT:	SWDO	NO DISCHARGE INDICATOR:	AL

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PARAMETER CODE	01003	01028	01043	01052	01068	01093	01148
UNITS	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
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2016-10-25							
2016-10-26							
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2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum							
Maximum							
Average							
Count							
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COUNTY:	Greene	ANALYST:	
DISTRICT:	SWDO	NO DISCHARGE INDICATOR:	AL

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PARAMETER CODE	31641	51129	70316	71921	78465		
UNITS	MPN/G	dry tons	Dry Tons	mg/kg	mg/kg		
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month		
SAMPLING TYPE	Multiple Grab	Total	Total	Composite	Composite		
2016-10-01							
2016-10-02							
2016-10-03							
2016-10-04							
2016-10-05							
2016-10-06							
2016-10-07							
2016-10-08							
2016-10-09							
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2016-10-25							
2016-10-26							
2016-10-27							
2016-10-28							
2016-10-29							
2016-10-30							
2016-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Taylor Faecher</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
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FACILITY:

LOCATION:

Dovetail Energy LLC - Anaerobic
Digestion Facility
1146 Herr Rd
Fairborn, OH 45324

PERMIT NUMBER:

MONITORING PERIOD :

1IN00305*AD

2016-10-01 To: 2016-10-31

GENERAL REPORT COMMENT:
There was no land application during the month of October.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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